COLORADO
Department of Education

Request for Reimbursement of Substitute Teacher

All fields with ✱ must be completed

SECTION 1: To be completed by the Person Submitting Form *(please print)*

✱ Name of School District:		
✱ Name of School:		
✱ Name of Administrator:		
✱ Signature of Administrator:		
✱ Name of CDE Function:		
✱ Location of CDE Function:		
✱ Date of CDE Function**:**		
✱ Name of Teacher(s) Requiring Substitute:		
✱ Date(s) Substitute is Required:		
✱ Phone Number of School:		
✱Daily Substitute Rate: $	✱Number of Days:	✱Total Requested: $

✱All checks will be submitted to District Offices. Please provide the name and address for your school district in the box to the right. 	✱District:

SECTION 2: To be completed by the Colorado Department of Education Health & Wellness Unit:

Fund Number: 916B-1406	Signature:	Date:
Please return warrant to:	**Pam Hitt**, phone: 303.866.6867 email: hitt_p@cde.state.co.us	